

Los Alamos National Laboratory Employee Profile

Welcome to LANL! To assure a smooth transition into the Laboratory it is critical that you enter accurate and complete information in each category. Please fill in all blanks. If the item does not apply to you enter N/A. Instructions and guidelines are on page 2 of this form.

Z-Number _____ Hire Date ____ / ____ / ____ Date of Birth ____ / ____ / ____ Phone # ____ - ____ - ____

Name (Last, First, Middle) _____

Prior LANL Employment ____ (Y-N) Date(s): _____

Organization _____

Address: Mailing Address*

** Your Mailing Address will be considered your primary address. All important Laboratory correspondence will be sent to this address, including your paper W2. This address may also affect your state tax withholding.*

Street Address/PO Box _____ City _____

State _____ Zip _____

Address: Permanent Address (If different from above)**

*** Your Permanent Address will be your Physical Address (street, road etc.) or a home address that will remain constant. (parents address, spouse address, etc.)*

Street Address/PO Box _____ City _____

State _____ Zip _____ International _____

County or Area of Residence*** _____ School District**** _____

**** The county in which you reside, or if you live in Los Alamos County, the geographical area within Los Alamos County in which you reside.*

***** The school district that you reside in, regardless of where your dependants may attend school.*

Ethnicity _____ Citizenship _____ Gender _____ (M-F) Are You Disabled? ____ (Y-N)

Do You Need a Disability Accommodation? ____ (Y-N) Marital Status ____ (M-S)

Spouse's Name (Last, First) _____ Are You a Veteran? ____ (Y-N)

Are You a Disabled Veteran? ____ (Y-N) Branch of Armed Forces _____

Are You a Protected Veteran? ____ (Y-N) Date of Active Duty Discharge? _____

Are You a Vietnam-Era Veteran? ____ (Y-N) Are You a Armed Forces Service Medal Veteran? ____ (Y-N)

Emergency Contact Information

Name (Last, First) _____ Telephone # (____) ____ - ____

Relationship _____

Name (Last, First) _____ Telephone # (____) ____ - ____

Relationship _____

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Instructions & Guidance

PRIVACY NOTIFICATION

The Laboratory requests the information on this form for use by various Laboratory organizations for personnel, accounting, and other business purposes. Furnishing the requested information is voluntary (unless noted as required), but failure to provide part of the information may result in an inability to complete certain necessary administrative actions related to your employment or employment benefits. The Laboratory staff responsible for personnel, accounting, and other Laboratory organizations with a business need for the information may use the information furnished by you. The information may be furnished to third parties, as permitted by Law.

County or Area of Residence***				School Districts****		
Santa Fe	San Miguel	Hidalgo	Los Alamos-North Community	Albuquerque	Las Cruces	Pojoaque
Bernalillo	Mckinley	Guadalupe	Los Alamos-Barranca Mesa	Belen	Las Vegas	Questa
Eddy	Valencia	Socorro	Los Alamos-North Mesa	Bernalillo	Los Alamos	Rio Rancho
Chavez	Otero	Lincoln	Los Alamos-Royal Crest	Carlsbad	Los Lunas	Santa Fe
Curry	San Juan	De Baca	Los Alamos-White Rock/La Vista	Chama	Mesa Vista	Socorro
Lea	Rio Arriba	Catron	Los Alamos-Lasenda/Pajarito Acres	Cuba	Mora	Taos
Dona Ana	Union	Sandoval	Los Alamos-Other	Dulce	Moriarty	Wagon Mound
Grant	Luna	Mora	Cibola	Espanola	Non New Mexico	West Las Vegas
Colfax	Taos	Harding	Other Non New Mexico	Jemez Mountain	Pecos	Other
Quay	Sierra	Los Alamos-Eastern Area	Other-Non US	Jemez Valley	Penasco	
Roosevelt	Torrance	Los Alamos-Western Area				

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**** The school district that you reside in, regardless of where your dependants may attend school.

ETHNICITY: Select the code that best identifies your ethnicity

- HL Hispanic or Latino: Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- WH White (Not Hispanic or Latino): origins in any of the original peoples of Europe, the Middle East, or North Africa.
- B/AA Black or African American (Not Hispanic or Latino): origins in any of the black racial groups of Africa.
- NH/PI Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.
- A Asian (Not Hispanic or Latino): origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- AI/AN American Indian or Alaska Native (Not Hispanic or Latino): origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.
- TMR Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Veteran Status

<p>Are You a DISABLED VETERAN?</p> <p>Disabled veteran means (1) a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs or (2) a person who was discharged or released from active duty because of a service-connected disability.</p>	<p>CURRENT RESERVE SERVICE</p> <p>Enter the code that best describes your current military reserve status.</p> <ul style="list-style-type: none"> • None • Active • Inactive 	<p>DATE OF ACTIVE DUTY DISCHARGE</p> <p>Provide the MM/YYYY of discharge or release from Active Military Duty</p>	<p>ARE YOU A VIETNAM-ERA VETERAN?</p> <p>Veteran of the Vietnam era means a person who: (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released there- from with other than a dishonorable discharge; or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964, and May 7, 1975.</p>
<p>ARE YOU A PROTECTED VETERAN?</p> <p>Other protected veteran means a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense. The information required to make this determination is available at http://www.opm.gov/veterans/html/vgmedal2.htm.</p>		<p>ARE YOU AN ARMED FORCES SERVICE MEDAL VETERAN?</p> <p>Armed Forces service medal veteran means any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).</p>	

Disability Status

Do you have a disability? Please enter yes or no. If yes, you will be contacted by the EEO Office.

Do you have a disability that requires accommodation in order for you to perform your job? Please enter yes or no. If yes, you will be contacted by the EEO Office.

EMERGENCY CONTACT INFORMATION

List the Name, telephone number, and relationship to the person(s) you want to be contacted in case of an emergency. The Laboratory will contact only the persons listed as emergency contact(s). If you want your spouse to be your first emergency contact, you must list him/her in the first contact area.